



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. <u>00136042</u> <u>00135715</u>		2. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s)	
2. Full Name of Committee <u>COMMITTEE TO ELECT FRANK BENSON</u>		Date Change Took Place Month _____ Day _____ Year _____	
4. Candidate Name <u>FRANK P BENSON</u> Office Sought (include district or jurisdiction served) _____		County of Residence <u>MACOMB</u> Party (if applicable) <u>N/A</u>	
5. Committee Street Address (street, city, state, zip code) <u>22506 LAKCREST</u> <u>ST CLAIR SHORES, MI 48081</u>		5a. Committee Mailing Address (if different from street address) _____	
6. Date Committee Was Formed Mo. <u>6</u> Day <u>23</u> Yr. <u>95</u>	8. Full Name and Mailing Address of Treasurer <u>CAROL ANN BENSON</u> <u>22506 LAKCREST</u> <u>ST CLAIR SHORES MI 48081</u>		Area Code and Phone <u>(810) 774-1935</u>
7. Committee Area Code and Phone <u>810-774-1935</u>			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name _____ Mailing Address _____ Area Code/Phone _____			
10. REPORTING WAIVER SECTION <input type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). _____		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Treasurer <u>CAROL A BENSON</u> Type or Print Name _____ Signature <u>[Signature]</u>		Date <u>6-23-95</u> Mo. _____ Day _____ Year _____	
Candidate <u>FRANK P BENSON</u> Type or Print Name _____ Signature <u>[Signature]</u>		Date <u>6-23-95</u> Mo. _____ Day _____ Year _____	
14. FOR OFFICEHOLDERS USE ONLY (Complete only if you have established an Officeholder Expense Fund)			
14a. Full Name and Address of Officeholder Expense Fund _____	14b. Full Name and Address of Treasurer of Officeholder Expense Fund _____	14c. Officeholder Expense Fund Depository Name and Address _____	



STATEMENT OF ORGANIZATION *CFR-93204001*
FOR CANDIDATE COMMITTEE *Reg-93204002 25*

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. <i>135715 50</i>		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s) _____ Date Change Took Place Month _____ Day _____ Year _____	
2. Full Name of Committee <i>COMMITTEE TO ELECT FRANK BENSON</i>		County of Residence <i>MACOMB</i> Party (if applicable) <i>N/A</i>	
4. Candidate Name <i>FRANK P. BENSON</i> Office Sought (include district or jurisdiction served) <i>ST. CLAIR SHORES CITY COUNCIL</i>		5a. Committee Mailing Address (if different from street address)	
5. Committee Street Address (street, city, state, zip code) <i>22506 LAKECREST ST. CLAIR SHORES, MI 48081</i>			
6. Date Committee Was Formed Mo. <i>07</i> Day <i>02</i> Yr. <i>93</i>	8. Full Name and Mailing Address of Treasurer <i>CHAROL ANN BENSON 22506 LAKECREST S.C.S., MI 48081</i>		Area Code and Phone <i>313-774-1935</i>
7. Committee Area Code and Phone <i>313-774-1935</i>			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name _____ Mailing Address _____ Area Code/Phone _____			
10. REPORTING WAIVER SECTION <input checked="" type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). <i>STANDARD FEDERAL BANK HARPER BRANCH, S.C.S.</i>		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Treasurer <i>Carol Benson</i> Type or Print Name _____ Signature _____ <i>Frank P. Benson</i> Type or Print Name _____ Signature _____ <i>FRANK P. BENSON</i>		Date <i>7 23 93</i> Mo. Day Year Date <i>7 23 93</i> Mo. Day Year	

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund

14b. Full Name and Address of Treasurer of Officeholder Expense Fund

14c. Officeholder Expense Fund Depository Name and Address